Fill in this informa	tion to identify your case:	
Debtor 1	Phillip W Colbert	
Debtor 2 (Spouse, if filing)	Ashlie M Colbert	
United States Bar	nkruptcy Court for the: EASTERN DISTRICT OF MISSOURI	
Case number	23-41539	Check if this is:
(If known)		An amended filingA supplement showing postpetition chapter
Official Fo	orm 106l	13 income as of the following date:

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ Employed	■ Employed
attach a separate page with information about additional		Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Transportation Manager	Financial Retail Operations
	Include part-time, seasonal, or self-employed work.	Employer's name	Stericycle	Lutheran Church Extenion Fund
	Occupation may include student or homemaker, if it applies.	Employer's address	6240 Mckissock Dr Saint Louis, MO 63147	10733 Sunset Office Dr, suite 300 Saint Louis, MO 63127
		How long employed the	nere? 2 years	7 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 7,166.00 \$ 9,583.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 7,166.00 \$ 9,583.00

Official Form 106l Schedule I: Your Income page 1

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	otor 1 otor 2	Phillip W Colbert Ashlie M Colbert			Case	e number (<i>if k</i>	nown)	23-4	1539			
	Cop	y line 4 here	4.	-	Fo \$	r Debtor 1	6.00		Debtor -filing s 9,			
5.	l ist	all payroll deductions:										
J.	5a.	Tax, Medicare, and Social Security deductions	5	a.	\$	2,000	6.00	\$	2,	292.0	0	
	5b.	Mandatory contributions for retirement plans	51	b.	\$		0.00	\$		0.0	0	
	5c.	Voluntary contributions for retirement plans		C.	\$_	20	6.00	\$		291.0	0	
	5d.	Required repayments of retirement fund loans		d.	\$_		0.00	\$_		0.0		
	5e.	Insurance		e.	\$_		0.00	\$		12.0		
	5f.	Domestic support obligations	5f		\$_		0.00	\$_		0.0		
	5g.	Union dues	5	-	\$_		0.00	\$		0.0		
	5h.	Other deductions. Specify:	_ 51	h.+	\$_		0.00	+ \$		0.0	0	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	•	\$_	2,21	2.00	\$	2,	595.0	0_	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	4,95	4.00	\$	6,	988.0	0	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	88	a.	\$	1,07	5.00	\$		0.0	00	
	8b.	Interest and dividends	81	b.	\$		0.00	\$		0.0	0	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80	C.	\$		0.00	\$		0.0	— 10	
	8d.	Unemployment compensation	80	d.	\$		0.00	\$		0.0		
	8e.	Social Security	86	e.	\$		0.00	\$		0.0	0	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	81		\$_		0.00	\$		0.0	_	
	8g.	Pension or retirement income	8		\$_		0.00	\$		0.0		
	8h.	Other monthly income. Specify:	_ 81	h.+	\$_		0.00	+ \$		0.0	0	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [\$_	1,07	5.00	\$		0.	.00	
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		6,029.00	+ \$	6.0	988.00	= \$	13 (017.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ-		0,023.00		- 0,0	700.00	-	10,0	,17.00
11.	Incli othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	dep					•	Schedule 11.	_		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							12.	\$		017.00
13.	=	you expect an increase or decrease within the year after you file this form'	?							Comb	bined hly in	
		Yes. Explain:										

Official Form 106l Schedule I: Your Income page 2

Fill in this	information to identify yo	our case:					
Debtor 1	Phillip W Co	lbert		Che	eck if th	nis is:	
					An a	mended filing	
Debtor 2 (Spouse, if	Ashlie M Col	bert					ving postpetition chapter the following date:
United Stat	tes Bankruptcy Court for the	EASTERN DISTRICT OF MISSON	URI		MM /	DD / YYYY	
Case numb	per 23-41539						
(II KIIOWII)							
	al Form 106J						
	dule J: Your						12/1
informati		possible. If two married people ar eded, attach another sheet to this y question.					
Part 1: 1. Is th	Describe Your House is a joint case?	hold					
□N	lo. Go to line 2.						
■ Y	es. Does Debtor 2 live i	n a separate household?					
	■ No □ Yes. Debtor 2 mus	st file Official Form 106J-2, <i>Expense</i> s	for Separate Househol	d of De	btor 2.		
2. Do v	ou have dependents?	□No					
Do n	not list Debtor 1 and tor 2.	Yes. Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	ship to		Dependent's lge	Does dependent live with you?
Do n	not state the						□ No
	endents names.		Daughter			2	■ Yes
			Son		7	<u></u>	■ Yes
			Son		9)	□ No ■ Yes
							□ No □ Yes
expe	our expenses include enses of people other the rself and your depende						
		ng Monthly Expenses our bankruptcy filing date unless y pankruptcy is filed. If this is a supp					
applicabl		пробуть почет п что то и очер	,,				
the value		non-cash government assistance i d have included it on <i>Schedule I:</i>)				Your expe	enses
(Omeiai i	om roon,						
	rental or home owners ments and any rent for the	hip expenses for your residence. In eground or lot.	nclude first mortgage	4.	\$		3,885.00
If no	ot included in line 4:						
4a.	Real estate taxes			4a.			0.00
4b.	Property, homeowner's			4b.		·	0.00
4c. 4d.		pair, and upkeep expenses ion or condominium dues		4c. 4d.			250.00 0.00
		ents for your residence, such as ho	me equity loans	4a. 5.			0.00

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	tor 1 tor 2	Phillip W Colbert Ashlie M Colbert	Case num	ber (if known)	23-41539
6.	Utiliti	es:			
	6a.	Electricity, heat, natural gas	6a.	\$	400.00
	6b.	Water, sewer, garbage collection	6b.	\$	240.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	435.00
	6d.	Other. Specify:	6d.	\$	0.00
7.	Food	and housekeeping supplies	7.	\$	1,211.00
8.	Child	care and children's education costs	8.	\$	1,300.00
9.	Cloth	ing, laundry, and dry cleaning	9.	\$	300.00
10.	Perso	onal care products and services	10.	\$	100.00
11.	Medi	cal and dental expenses	11.	\$	150.00
12.		sportation. Include gas, maintenance, bus or train fare.	40		500.00
		ot include car payments.	12.	·	
		tainment, clubs, recreation, newspapers, magazines, and books	13.	·	50.00
		table contributions and religious donations	14.	\$	540.00
15.	Insur				
		ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance	15a.	¢	0.00
		Health insurance	15a. 15b.	·	0.00
		Vehicle insurance	15b.	· —	350.00
		Other insurance. Specify:	15d.	*	0.00
16		s. Do not include taxes deducted from your pay or included in lines 4 or 20.	13u.	Ψ	0.00
	Speci	fy: _personal property tax Illment or lease payments:	16.	\$	100.00
17.		Car payments for Vehicle 1	17a.	\$	0.00
		Car payments for Vehicle 2	17b.	·	0.00
		Other. Specify:	17b.	·	0.00
		Other. Specify:	17d. 17d.	·	
10		payments of alimony, maintenance, and support that you did not report as		Ф	0.00
10.		cted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0.00
19.		r payments you make to support others who do not live with you.		\$	0.00
	Speci		19.		
20.		r real property expenses not included in lines 4 or 5 of this form or on Sche		our Income.	
		Mortgages on other property	20a.		0.00
	20b.	Real estate taxes	20b.	\$	0.00
	20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e.	Homeowner's association or condominium dues	20e.	\$	0.00
21.		r: Specify:	21.		0.00
	Calcu	ulate your monthly expenses Add lines 4 through 21.		\$	9,811.00
		Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	-
	22c. /	Add line 22a and 22b. The result is your monthly expenses.		\$	9,811.00
23.		ılate your monthly net income.			
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	13,017.00
	23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	9,811.00
	23c.	Subtract your monthly expenses from your monthly income.	220	\$	3,206.00
		The result is your <i>monthly net income</i> .	23c.		0,200.00
24.	For ex	ou expect an increase or decrease in your expenses within the year after you ample, do you expect to finish paying for your car loan within the year or do you expect your cation to the terms of your mortgage?			ease or decrease because of a
	□Ye	es. Explain here:	<u></u>		
		- ·			

Fill in this information to identify your case:					
Debtor 1	Phillip W Colbert				
	First Name	Middle Name	Last Name		
Debtor 2	Ashlie M Colbert				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		EASTERN DISTRICT	OF MISSOURI		
	23-41539				
(if known)					

■ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Be	low		
Did you pay or	agree to pay someone who is l	NOT an attorney to help	you fill out bankruptcy forms?
■ No			
☐ Yes. Name	e of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119
			Declaration, and Signature (Official Form 1
Jnder penalty o hat they are tru		ead the summary and s	chedules filed with this declaration and
X /s/ Phillip \	N Colbert	x	/s/ Ashlie M Colbert
Phillip W C	Colbert		Ashlie M Colbert
Signature of	Debtor 1		Signature of Debtor 2

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Fill in this information to identify your case:					
Debtor 1	Phillip W Colbert				
Debtor 2 (Spouse, if filing)	Ashlie M Colbert				
United States E	United States Bankruptcy Court for the: Eastern District of Missouri				
Case number (if known)	23-41539				

Check	Check as directed in lines 17 and 21:					
	According to the calculations required by this Statement:					
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).					
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).					
	3. The commitment period is 3 years.					
	4. The commitment period is 5 years.					

Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column B Column A Debtor 1 Debtor 2 or non-filing spouse Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 7.966.00 9,583.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 1,175.00 Gross receipts (before all deductions) 100.00 Ordinary and necessary operating expenses Copy Net monthly income from rental or other real 1,075.00 here -> \$ 0.00 1,075.00 property

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23-41539

Case number (if known)

					Column A Debtor 1		Column B Debtor 2 o		
7.	Interest, o	dividends, and royalties			\$	0.00	\$	0.00	
		yment compensation			\$	0.00	\$	0.00	
		ter the amount if you contend that the ar Security Act. Instead, list it here:	nount received was a ben	efit under					
	For you		\$	0.00					
	For you	r spouse	\$	0.00					
	Pension of benefit under not include United State disability, pay paid undoes not es	or retirement income. Do not include an der the Social Security Act. Also, except e any compensation, pension, pay, annutes Government in connection with a distor death of a member of the uniformed stander chapter 61 of title 10, then include exceed the amount of retired pay to which any provision of title 10 other than	ny amount received that we as stated in the next sensity, or allowance paid by sability, combat-related in the revices. If you received a that pay only to the extension by you would otherwise be	tence, do the jury or ny retired t that it	\$	0.00	\$	0.00	
10.	Income fr Do not increceived a domestic t United Sta disability,	om all other sources not listed above lude any benefits received under the So as a victim of a war crime, a crime againsterrorism; or compensation, pension, paystes Government in connection with a disor death of a member of the uniformed so a separate page and put the total belo	Specify the source and cial Security Act; paymen at humanity, or internation, annuity, or allowance posability, combat-related in services. If necessary, list	its al or aid by the jury or					
	_				\$	0.00	\$	0.00	
	_				\$	0.00	\$	0.00	-
	Т	otal amounts from separate pages, if an	y.	+	\$	0.00	\$	0.00	
	each colui	your total average monthly income. Amn. Then add the total for Column A to total for Column A to total for Column Amn.	he total for Column B.	\$	9,041.00	+ \$	9,583.00		18,624.00 otal average onthly income
		r total average monthly income from						\$	18,624.00
13.	Calculate	the marital adjustment. Check one:							
	☐ You a	are not married. Fill in 0 below.							
	You a	are married and your spouse is filing with	n you. Fill in 0 below.						
	Fill in	are married and your spouse is not filing the amount of the income listed in line ndents, such as payment of the spouse'	11, Column B, that was N						
	Belov	w, specify the basis for excluding this incomments on a separate page.							
	If this	adjustment does not apply, enter 0 belo	DW.						
				_ \$		_			
				_ \$		_			
				+\$					
		Total		\$	0.00	0_ 0	Copy here=>		0.00
14.	Your cui	rrent monthly income. Subtract line 13	3 from line 12.					\$	18,624.00
15.		e your current monthly income for the						.\$	18,624.00
		17						*	

Phillip W Colbert

Ashlie M Colbert

Debtor 1 Debtor 2

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Debtor 1 Debtor 2	Phillip W Colbert Ashlie M Colbert		Case number (if known)	23-41539	
	Multiply line 15a by 12 (the number of months i	in a year).			x 12
1:	6b. The result is your current monthly income for the	ne year for this part of the fo	orm		\$ 223,488.00
16. Ca	culate the median family income that applies to	you. Follow these steps:			
16	a. Fill in the state in which you live.	МО			
16	p. Fill in the number of people in your household.	5			
16	c. Fill in the median family income for your state and To find a list of applicable median income amount instructions for this form. This list may also be ava	ts, go online using the link s			\$119,202.00
17. Ho	w do the lines compare?				
17	a. ☐ Line 15b is less than or equal to line 16c. 11 U.S.C. § 1325(b)(3). Go to Part 3. Do				
17	Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14	culation of Your Disposab			
Part 3:	Calculate Your Commitment Period Under 11				
18. C o	py your total average monthly income from line	11.		\$	18,624.00
coi spi 19	duct the marital adjustment if it applies. If you are stend that calculating the commitment period under buse's income, copy the amount from line 13. a. If the marital adjustment does not apply, fill in 0 or	11 U.S.C. § 1325(b)(4) allo		our - \$ _	0.00
19	o. Subtract line 19a from line 18.				\$18,624.00
20. Ca	culate your current monthly income for the year	r. Follow these steps:			
20	a. Copy line 19b				\$18,624.00
	Multiply by 12 (the number of months in a year).				x 12
20	o. The result is your current monthly income for the	year for this part of the form	1		\$ 223,488.00
20	c. Copy the median family income for your state and	d size of household from line	e 16c		\$119,202.00
21	How do the lines compare?				
	Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.	rise ordered by the court, or	n the top of page 1 of this f	form, check bo	x 3, The commitment
	Line 20b is more than or equal to line 20c. U commitment period is 5 years. Go to Part 4.	nless otherwise ordered by	the court, on the top of pa	ge 1 of this for	m, check box 4, The
Part 4:	Sign Below signing here, under penalty of perjury I declare that	the information on this stat	ement and in any attachm	ante ie trua and	d correct
				ents is true and	a correct.
	/ Phillip W Colbert hillip W Colbert		shlie M Colbert lie M Colbert		
	gnature of Debtor 1	_	ature of Debtor 2		
Da	e July 8, 2023	Date	July 8, 2023		
lf v	MM / DD / YYYY ou checked 17a, do NOT fill out or file Form 122C-2)	MM/DD/YYYY		

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Debtor 1 Debtor 2 Phillip W Colbert Case number (if known) 23-41539

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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Fill in this information to identify your case:				
Debtor 1	Phillip W Colbert			
Debtor 2	Ashlie M Colbert			
(Spouse, if filing	a)			
United States B	ankruptcy Court for the:	Eastern District of Missouri		
Case number	23-41539			
(if known)				

Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/22

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C–1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

5

National Standards

You must use the IRS National Standards to answer the guestions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 2,244.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

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Phillip W Colbert Debtor 1 **Ashlie M Colbert** 23-41539 Case number (if known) Debtor 2 People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 5 7c. Subtotal. Multiply line 7a by line 7b. 375.00 Copy here=> 375.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 153 7e. Number of people who are 65 or older 0 0.00 7f. Subtotal. Multiply line 7d by line 7e. Copy here=> 0.00 375.00 7g. Total. Add line 7c and line 7f 375.00 Copy total here=> Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 799.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,543.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment Electro Sav Cu/truhome 2,750.00 \$ **Electro Savings Credit Union** 1,135.00 Copy Repeat this amount 3,885.00 3,885.00 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Сору Subtract line 9b (total average monthly payment) from line 9a (mortgage 0.00 0.00 here=> or rent expense). If this number is less than \$0, enter \$0. 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain why:

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Case number (if known)

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. ☐ 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 526.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 2018 Honda Accord 63000 miles good condition 13a. Ownership or leasing costs using IRS Local Standard..... 588.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment **Electro Savings Credit Union** 565.00 Repeat this Copy amount on **Total Average Monthly Payment** 565.00 565.00 here => 13c. Net Vehicle 1 ownership or lease expense Copy net Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 23.00 23.00 Describe Vehicle 2: 2016 Honda Odyssy 97000 miles good condition 13d. Ownership or leasing costs using IRS Local Standard..... 588.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment **Electro Savings Credit Union** 507.00 Copy Repeat this here amount on line 33c. Total average monthly payment 507.00 507.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 81.00 81.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

Debtor 1

Debtor 2

Ashlie M Colbert

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Phillip W Colbert
Ashlie M Colbert
Case number (if known)
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Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.								
16.	Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes.					\$	4,498.00	
17.		Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.						
	Do not i	On not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.				\$_	0.00	
18.	Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any for of life insurance other than term.				\$	0.00		
19.	Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.				\$	0.00		
20.		. ,				· ·		_
	Education: The total monthly amount that you pay for education that is either required: ■ as a condition for your job, or							
	for y	our physically or mer	ntally challenged dependent	t child if	no public educ	ation is available for similar services.	\$	0.00
21.	Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.				\$_	1,300.00		
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.					\$	0.00	
00	•		ŭ				Ψ —	
23.	3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.							0.00
24.	Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.					\$	9,846.00	
Add		Expense Deductions	These are additional d Note: Do not include a					
25.	 Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. 							
	Health i	nsurance		\$	0.00			
	Disabilit	ty insurance		\$	0.00			
	Health s	savings account	4	\$	250.00	٦		
	Total			\$	250.00	Copy total here=>	\$	250.00
	_ `	actually spend this to No. How much do yo				-		
		Yes		\$				
26.	Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)							
27.	Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.					_		
	By law, the court must keep the nature of these expenses confidential.					\$_	0.00	

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Debtor 1 **Ashlie M Colbert** 23-41539 Debtor 2 Case number (if known) 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs You must give your case trustee documentation of your actual expenses, and you must show that the additional 0.00 amount claimed is reasonable and necessary. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$189.58* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. 0.00 * Subject to adjustment on 4/01/25, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. 0.00 You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). 544.00 Do not include any amount more than 15% of your gross monthly income. 794.00 \$ Add all of the additional expense deductions. Add lines 25 through 31. **Deductions for Debt Payment** 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Mortgages on your home Average monthly 33a. Copy line 9b here \$ 3,885.00 Loans on your first two vehicles 33b. Copy line 13b here \$ 565.00 \$ 33c. Copy line 13e here 507.00 List other secured debts: Name of each creditor for other secured debt Identify property that secures the debt Does payment include taxes or insurance? 6328 Bradley Ave Saint Louis, MO 63139 □ No Saint Louis City County **Electro Savings Credit Union** 943.49 Yes **Rental Property** No **Electro Savings Credit Union** 2016 Odyssey, 2018 Accord 123 32 Yes No Yes Copy total 6,023.81 Total average monthly payment. Add lines 33a through 33d 6,023.81 here=>

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Ashlie M Colbert 23-41539 Case number (if known) Debtor 2 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ☐ No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount 9380 Golden Gate Rd Saint Louis, MO Electro Sav Cu/truhome 45.48 $2,729.00 \div 60 = $$ 63144 Saint Louis County \$ $\div 60 = \$$ \$ $\div 60 = +$ \$ Copy total 45.48 45.48 Total \$ here=> \$ 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ■ No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 11,280.00 ÷60 \$ 188.00 36. Projected monthly Chapter 13 plan payment 3,338.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by 6.60 the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 220.31 220.31 Average monthly administrative expense here=> 6,477.60 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 9.846.00 expense allowances Copy line 32, All of the additional expense deductions \$ 794.00 Copy line 37, All of the deductions for debt payment +\$ 6,477.60 17,117.60 17,117.60 Total deductions..... \$ Copy total here=> \$

Phillip W Colbert

Debtor 1

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Ashlie M Colbert 23-41539 Case number (if known) Debtor 2 Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) 39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 18.624.00 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably 0.00 necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as 497.00 specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here 17,117.60 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense \$ 0.00 0.00 Total \$ here=> \$ Copy 17.614.60 here=> -\$ 17.614.60 44. **Total adjustments.** Add lines 40 through 43. 1,009.40 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Reason for change Increase or Line Date of change Amount of change decrease? ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 □ Decrease ☐ Increase ☐ 122C-1 ☐ 122C-2 ☐ Decrease □ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease

Phillip W Colbert

Debtor 1

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Debtor 1 Debtor 2	Ashlie M Colbert	Case number (if known)	23-41539
Part 4:	Sign Below		
	By signing here, under penalty of perjury you declare that the inform	pation on this statement and in any at	tachments is true and correct
	/s/ Phillip W Colbert	X /s/ Ashlie M Colbert	adminents is true and confect.
_	Phillip W Colbert Signature of Debtor 1	Ashlie M Colbert Signature of Debtor 2	
_	July 8, 2023 MM / DD / YYYY	Date July 8, 2023 MM / DD / YYYY	